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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar	e the name that is on government-issued ire identification (for nple, your driver's ise or passport).	Richelle First name D Middle name	First name
	Bring your picture identification to your meeting with the trustee.		Ciluffo Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years	FKA Richelle Eubanks	
		ide your married or den names.		
3.	youi num Indi	y the last 4 digits of r Social Security ber or federal vidual Taxpayer tification number	xxx-xx-1172	

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Debtor 1 Richelle D Ciluffo

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	1134 Main Street	If Debtor 2 lives at a different address:		
		Crete, IL 60417 Number, Street, City, State & ZIP Code Will	Number, Street, City, State & ZIP Code		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Document Case number (if known) Debtor 1 Richelle D Ciluffo

Par	t 2: Tell the Court About	Your Ba	nkruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required</i> f page 1 and check the appropriate the second of the se	by 11 U.S.C. § 342(b) for Individuals Filing for Bandariate box.	kruptcy
	choosing to file under	■ Ch	apter 7				
		☐ Cha	apter 11				
		☐ Ch	apter 12				
		☐ Cha	apter 13				
3.	How you will pay the fee	6	about how yo	ou may pay. Typ attorney is sub	pically, if you are paying the fe	heck with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, oehalf, your attorney may pay with a credit card or contact the contact of the	or money
					tallments. If you choose this (stallments) ts (Official Form 103A).	option, sign and attach the Application for Individual	ls to Pay
		☐ I	request that out is not requal that applies t	at my fee be wa uired to, waive to o your family size	nived (You may request this o your fee, and may do so only ze and you are unable to pay	otion only if you are filing for Chapter 7. By law, a ju f your income is less than 150% of the official pove he fee in installments). If you choose this option, yo ed (Official Form 103B) and file it with your petition.	rty line
) .	Have you filed for bankruptcy within the last 8 years?	■ No.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	i.				
			Debtor	-		Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to I	ine 12.			
	residence?	☐ Yes	. Has yo	our landlord obta	ained an eviction judgment ag	ainst you and do you want to stay in your residence	?
				No. Go to line	12.		
				Yes. Fill out In bankruptcy per		ion Judgment Against You (Form 101A) and file it w	ith this

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Document Page 4 of 58 Case number (if known) Richelle D Ciluffo Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ☐ No. Go to Part 4. business? Name and location of business Yes. A sole proprietorship is a business you operate as Salon 22 an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC. 1334 Main Street If you have more than one Crete, IL 60417 sole proprietorship, use a Number, Street, City, State & ZIP Code separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Richelle D Ciluffo

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that make

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am no	t required to	receive a	briefing	about	credit
counse	ling because	of·			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Richelle D Ciluffo Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Richelle D Ciluffo Richelle D Ciluffo Signature of Debtor 2 Signature of Debtor 1 Executed on February 26, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Richelle D Ciluffo Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Darren A. Fish	Date	February 26, 2016	
Signature of Attorney for Debtor		MM / DD / YYYY	
Darren A. Fish			
Printed name			
Fish Law Group LLC			
Firm name			
309 W Washington St.			
Suite 700			
Chicago, IL 60606			
Number, Street, City, State & ZIP Code			
Contact phone (773) 327-3474	Email address		
6288764			
Bar number & State			

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Fill in this infor	mation to identify your	case:		
Debtor 1	Richelle D Ciluffo	1		
	First Name	Middle Name	Last Name	·
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	-
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	-

Official Form 106Sum

Case number (if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	11,651.39
	1c. Copy line 63, Total of all property on Schedule A/B	\$	11,651.39
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	17,087.24
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	67,770.2
	Your total liabilities	\$	84,857.44
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,057.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,057.0
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other so	chedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 259.01
	\$ 259.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	17,087.24
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	17,087.24

Case 16-06602 Doc 1 Filed 02/26/16 Entered 02/26/16 17:22:32 Desc Main Page 10 of 58 Document Fill in this information to identify your case and this filing: Debtor 1 Richelle D Ciluffo Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Hummer Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: **H3** Debtor 1 only Creditors Who Have Claims Secured by Property. 2007 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 124000 ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Location: 1134 Main Street, \$8.826.00 \$8.826.00 Crete IL 60417 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for .pages you have attached for Part 2. Write that number here......>>

\$8,826.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Debtor 1	Richelle D C	Document Page 11 of 58 Case number (if known)	
_	Describe		
		Electrical appliances: stove, fridge, microwave, washer and dryer. Location: 1134 Main Street, Crete IL 60417	\$375.00
		Furnishings: Living room, bedroom, kitchen Location: 1134 Main Street, Crete IL 60417	\$200.00
□ No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games	collections; electronic devices
		Television, cellphone Location: 1134 Main Street, Crete IL 60417	\$350.00
Example ■ No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coi ons, memorabilia, collectibles	n, or baseball card collections;
Example ■ No	les: Sports, photo musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	s and kayaks; carpentry tools;
■ No		s, shotguns, ammunition, and related equipment	
□ No	ples: Everyday clo	othes, furs, leather coats, designer wear, shoes, accessories	
■ Yes.	Describe	Necessary clothing for work, casual clothing. Location: 1134 Main Street, Crete IL 60417	\$250.00
■ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
<i>Exam</i> ■ No	arm animals ples: Dogs, cats, l	birds, horses	
14. Any ot	•	d household items you did not already list, including any health aids you did not list	
15. Add 1		ormation of all of your entries from Part 3, including any entries for pages you have attached number here	\$1,175.00
Port 4: Do	scribo Vour Einand	ial Accete	

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Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

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Richelle D Ciluffo Case number (if known) Debtor 1 claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Checking **Old Plank Trail Community Bank** \$1,250.39 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... % of ownership: Name of entity: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. Security deposit with Landlord \$400.00 Location: 1134 Main Street, Crete IL 60417 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

Official Form 106A/B

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Case number (if known) Document Debtor 1 Richelle D Ciluffo 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

for Part 4. Write that number here.....

Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

\$1,650.39

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Official Form 106A/B

Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$11,651.39

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	DUCUITIC	IIL FAUC 13 UI 30	
mation to identify your	case:		
Richelle D Ciluffo	1		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
			☐ Check if this is an
	Richelle D Ciluffo	Richelle D Ciluffo First Name Middle Name First Name Middle Name	Richelle D Ciluffo First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify t	ne Property	You Claim as	Exempt
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- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
2007 Hummer H3 124000 miles Location: 1134 Main Street, Crete IL	\$8,826.00		\$2,400.00	735 ILCS 5/12-1001(c)
60417 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Electrical appliances: stove, fridge, microwave, washer and dryer.	\$375.00		\$375.00	735 ILCS 5/12-1001(b)
Location: 1134 Main Street, Crete IL 60417 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Furnishings: Living room, bedroom,	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Location: 1134 Main Street, Crete IL 60417			100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 6.2				
Television, cellphone Location: 1134 Main Street, Crete IL	\$350.00		\$350.00	735 ILCS 5/12-1001(b)
60417 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

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Richelle D Ciluffo Case number (if known)

Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Schedule A/B Check only one box for each exemption. Necessary clothing for work, casual 735 ILCS 5/12-1001(a) \$250.00 \$250.00 clothing. Location: 1134 Main Street, Crete IL 100% of fair market value, up to 60417 any applicable statutory limit Line from Schedule A/B: 11.1 **Checking: Old Plank Trail** 735 ILCS 5/12-1001(b) \$1,250.39 \$1,250.39 **Community Bank** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Security deposit with Landlord 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Location: 1134 Main Street, Crete IL 60417 100% of fair market value, up to Line from Schedule A/B: 22.1 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

Fill in this information to identify your case: Debtor 1 Richelle D Ciluffo Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Case 16-06602 Doc 1 Filed 02/26/16 Entered 02/26/16 17:22:32 Desc Main Page 18 of 58 Document Fill in this information to identify your case: Debtor 1 Richelle D Ciluffo Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 \$0.00 **Department of Treasury - IRS** 5518 15,085.30 15,085.30 Last 4 digits of account number Priority Creditor's Name 655 E Millsap Road 01/29/2016 When was the debt incurred? Fayetteville, AR 72703-4068 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent

■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of PRIORITY unsecured claim: ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Domestic support obligations No Taxes and certain other debts you owe the government ☐ Yes ☐ Claims for death or personal injury while you were intoxicated Other. Specify **Federal Tax Lien**

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Case number (if know) Document Debtor 1 Richelle D Ciluffo

	Illinois Department of Revenue	Last 4 digits of account number 82	\$\$	2,001.94 \$	0.00	*
	Priority Creditor's Name P.O. Box 19035 Springfield II 62704	When was the debt incurred? 12	/21/2015			
	Springfield, IL 62794 Number Street City State Zlp Code	As of the date you file, the claim is: Cl	heck all that apply			
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only					
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another					
	☐ Check if this claim is for a community debt	Type of PRIORITY unsecured claim:				
	Is the claim subject to offset?	☐ Domestic support obligations				
	No	Taxes and certain other debts you ov	ve the government			
	□Yes	☐ Claims for death or personal injury w	hile you were intoxica	ated		
		Other. Specify				
		Tax Lien				
Part 2	2: List All of Your NONPRIORITY Uni	secured Claims				
3.	Do any creditors have nonpriority unsecure	d claims against you?				
	☐ No. You have nothing to report in this part.	Submit this form to the court with your other	r schedules.			
	Yes.					
	— 163.					
4.	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2.	each claim. For each claim listed, identify v	what type of claim it is	s. Do not list claims	already included fill out the Contin	in Part 1. If more nuation Page of
	List all of your nonpriority unsecured claim: unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the	each claim. For each claim listed, identify v	what type of claim it is	s. Do not list claims	already included	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste	each claim. For each claim listed, identify we other creditors in Part 3.If you have more	what type of claim it is than three nonpriorit	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number	vhat type of claim it is than three nonpriorit 1231 Opened 10/0	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in	vhat type of claim it is than three nonpriorit 1231 Opened 10/0	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred?	vhat type of claim it is than three nonpriorit 1231 Opened 10/0	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one.	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in	vhat type of claim it is than three nonpriorit 1231 Opened 10/0	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	each claim. For each claim listed, identify to the other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent	vhat type of claim it is than three nonpriorit 1231 Opened 10/0	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated	what type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed	what type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app	s. Do not list claims ty unsecured claims	already included fill out the Contin	in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured	than three nonpriorit 1231 Opened 10/0 is: Check all that app	s. Do not list claims ty unsecured claims 1/12	already included fill out the Contin Total (in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	each claim. For each claim listed, identify we other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separate	what type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app d claim:	s. Do not list claims ty unsecured claims 1/12 Dily divorce that you did	already included fill out the Contin Total (in Part 1. If more luation Page of
	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	each claim. For each claim listed, identify to be other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepanot report as priority claims Debts to pension or profit-sharing Other. Specify Collect	what type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app d claim:	s. Do not list claims ty unsecured claims 1/12 divorce that you did milar debts	already included fill out the Contin Total (in Part 1. If more luation Page of
4.1	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	each claim. For each claim listed, identify to be other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepanot report as priority claims Debts to pension or profit-sharing Other. Specify Collect	than type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app d claim: aration agreement or ag plans, and other sinction Attorney (s. Do not list claims ty unsecured claims 1/12 divorce that you did milar debts	already included fill out the Contin Total (in Part 1. If more luation Page of claim 126.00
4.1	List all of your nonpriority unsecured claims unsecured claim, list the creditor separately for than one creditor holds a particular claim, list the Part 2. American Financial Cre Priority Creditor's Name 10333 N Meridian St Ste Indianapolis, IN 46290 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	each claim. For each claim listed, identify to be other creditors in Part 3.lf you have more Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepanot report as priority claims Debts to pension or profit-sharin Other. Specify Collect Healt!	than type of claim it is than three nonpriorit 1231 Opened 10/0 is: Check all that app d claim: aration agreement or ag plans, and other sinction Attorney in the compartners	s. Do not list claims by unsecured claims 1/12 oly divorce that you did milar debts Wellgroup	already included fill out the Contin Total (in Part 1. If more juation Page of

Official Form 106 E/F

Debtor	Case 16-06602 Doc 1 Richelle D Ciluffo		ered 02/26/16 17:22:32 e 20 of 58 Case number (if know)	Desc Main				
- 0.5101	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecur	ed claim:					
	☐ Check if this claim is for a community debt	☐ Student loans						
	Is the claim subject to offset?	Obligations arising out of a sen	paration agreement or divorce that you did					
	No	☐ Debts to pension or profit-shar	ring plans, and other similar debts					
	Yes		ection Attorney Wellgroup thpartners					
4.3	AT&T	Last 4 digits of account number	r 3668	\$	880.60			
	Priority Creditor's Name P.O. Box 10330 Fort Wayne, IN 46851-0330	When was the debt incurred?	05/20/2015					
•	Number Street City State Zlp Code	As of the date you file, the clain	n is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:					
	☐ Check if this claim is for a community debt	☐ Student loans						
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	■ No	☐ Debts to pension or profit-shar	ring plans, and other similar debts					
	Yes	Other. Specify Utility	ty Services					
1.4	Cardiovascular Care Associates	Last 4 digits of account number	r 1000	\$	30.00			
	Priority Creditor's Name 3800 203rd Street Suite 209	When was the debt incurred?	10/31/2014					
	Olympia Fields, IL 60461 Number Street City State Zlp Code	As of the date you file, the clain	n is: Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated						
	_	<u> </u>						
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecur	red claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a seport as priority claims	paration agreement or divorce that you did					
	■ No	_ ' ' '	ring plans, and other similar debts					
	Yes	■ Other. Specify Med	ical Services					
4.5	CBCS	Last 4 digits of account number	5442	\$	90.10			
	Priority Creditor's Name P.O. Box 2589 Columbus, OH 43216	When was the debt incurred?	03/06/2013					

Debtor	1 Richelle D Ciluffo	Document	Page	21 of 58 Case number (if know)		
	Number Street City State Zlp Code	As of the date you file,	the claim i	. ,		
	Who incurred the debt? Check one.	_		,		
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	_	П в:				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY	' unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt	_ ctacont round				
	Is the claim subject to offset?	Obligations arising on ot report as priority claim		ration agreement or divorce that you did		
	■ No	Debts to pension or	profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Collec	ction Agency for Integrys Energy		
4.6	Cci	Last 4 digits of accour	nt number	4165	\$	90.00
	Priority Creditor's Name				· —	
	Contract Callers I Augusta, GA 30901	When was the debt inc	curred?	Opened 5/01/15 Last Active 3/01/15		
-	Number Street City State Zlp Code	As of the date you file,	the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	— comingon				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY	unsecured	d claim:		
	Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising o		ration agreement or divorce that you did		
	■ No	<u> </u>		g plans, and other similar debts		
	Yes	Other. Specify	10 Pe	oples Gas Light And Coke 266		
4.7	Cds/Escallate LLC	Last 4 digits of accoun	ot number	7605	•	693.00
Ш.	Priority Creditor's Name	Last 4 digits of accour	it number	7000	\$	
	Attn:Bankruptcy 5200 Stoneham Rd Ste 200	When was the debt inc	curred?	Opened 3/01/15 Last Active 10/01/14		
-	North Canton, OH 44720 Number Street City State Zlp Code	As of the date you file,	the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY	unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising o		ration agreement or divorce that you did		
	■ No	<u> </u>		g plans, and other similar debts		
	□ Yes	Other. Specify	Collec	ction Attorney Emp Of Cook County		
			LIC			
4.8	Cds/Escallate LLC	Last 4 digits of accour	nt number	7904	\$	1,019.00

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Debtor 1 Richelle D Ciluffo Case number (if know) Priority Creditor's Name Attn:Bankruptcy Opened 11/01/14 Last 5200 Stoneham Rd Ste 200 Active 7/01/14 When was the debt incurred? North Canton, OH 44720 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Emp Of Cook County** ☐ Yes Other. Specify 4.9 Citibank / Sears 1345 854.00 Last 4 digits of account number Priority Creditor's Name Citicorp Credit Services/Attn: Opened 10/01/09 Last Centraliz When was the debt incurred? Active 1/06/10 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.10 **CMRE Financial Services, Inc** 3661 859.00 Last 4 digits of account number \$ Priority Creditor's Name When was the debt incurred?

3075 E. Imperial Highway Suite 200

Brea, CA 92821 Number Street City State Zlp Code

Opened 1/01/15

As of the date you file, the claim is: Check all that apply

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	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY uns	secured	claim:		
	☐ Check if this claim is for a community	☐ Student loans	0000100	- Grann		
	debt Is the claim subject to offset?	_	f a sepai	ration agreement or divorce that you did		
	■ No	not report as priority claims		g plans, and other similar debts		
	Yes	Other. Specify	Collec	tion Services		
4.11	Consultants in Pathology, S.C.	Last 4 digits of account nu	ımber	0113	\$	110.55
	Priority Creditor's Name 8085 Rivers Avenue Suite 100	When was the debt incurre	ed?	11/17/2014		
	Charleston, SC 29406 Number Street City State Zlp Code	As of the date you file, the	claim is	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only					
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY uns	secured	claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of not report as priority claims	f a sepai	ration agreement or divorce that you did		
	■ No		it-sharin	g plans, and other similar debts		
	Yes	Other. Specify	Medic	al Services		
4.12	Cortrust Bank	Last 4 digits of account nu	ımber	5285	\$	404.00
	Priority Creditor's Name Attn: Bankruptcy Po Box 5431	When was the debt incurre	ed?	Opened 4/01/08 Last Active 11/02/09		
	Sioux Falls, SD 57117 Number Street City State Zlp Code	As of the date you file, the	claim is	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY uns	secured	claim:		
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising out of not report as priority claims	f a sepai	ration agreement or divorce that you did		
	■ No	☐ Debts to pension or profi	it-sharinç	g plans, and other similar debts		
	Yes	■ Other. Specify	Credit	Card		
4.13	Credit One Bank, N.A.	Last 4 digits of account nu	ımber	0145	\$	1,274.00

Priority Creditor's Name

Schedule E/F: Creditors Who Have Unsecured Claims

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Debto	r 1 Richelle D Ciluffo		Case number (if know)		
	P.O. Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred?	Opened 9/01/07 Last Active 11/02/09		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	_			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	☐ Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	■ Other. Specify Credit	Card	<u> </u>	
4.14	Dobrzynski Accounting	Last 4 digits of account number		\$	0.00
	Priority Creditor's Name 1467 Joliet Street Dyer, IN 46311	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising out of a sepanot report as priority claims	ration agreement or divorce that you did		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify			
4.15	Dsnb Bloomingdales	Last 4 digits of account number	3462	\$	931.00
	Priority Creditor's Name Macy's Bankruptcy Dept. Po Box 8053 Mason, OH 45040	When was the debt incurred?	Opened 1/01/09 Last Active 1/01/10		
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only	□ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans			
	ls the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		

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☐ Yes

Other. Specify

Charge Account

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Debtor 1 Richelle D Ciluffo Case number (if know) 4.16 447.00 **Dsnb Macys** 4731 Last 4 digits of account number Priority Creditor's Name **Macys Bankruptcy Department** Opened 12/01/08 Last Po Box 8053 When was the debt incurred? Active 3/01/10 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.17 Franciscan Alliance, Inc. 3,404.66 Last 4 digits of account number 9648 \$ Priority Creditor's Name When was the debt incurred? 07/20/2014 P.O. Box 4628 Oak Brook, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Services** Other. Specify 4.18 Franciscan Alliance, Inc. 9121 389.94 Last 4 digits of account number \$ Priority Creditor's Name 10/27/2014 When was the debt incurred? P.O. Box 4628 Oak Brook, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Services** Other. Specify

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Debtor 1 Richelle D Ciluffo

Greater Suburban Acceptance Corp	Last 4 digits of account number	6701	\$	678.00
Priority Creditor's Name Po Box 369 Powners Grove II 60515	Opened 1/01/11 Last When was the debt incurred? Active 5/05/14			
Downers Grove, IL 60515 Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply		
Who incurred the debt? Check one.	☐ Contingent			
■ Debtor 1 only	_ commigent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did		
■ No	☐ Debts to pension or profit-sharin			
Yes	Other. Specify Auton	nobile		
Jason Berlongieni	Last 4 digits of account number		\$	0.0
Priority Creditor's Name 31352 S State Line Road	When was the debt incurred?		·	
Beecher, IL 60401 Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply		
,	_	oneon an anat appri		
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only				
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
☐ Check if this claim is for a community debt	☐ Student loans			
Is the claim subject to offset?	☐ Obligations arising out of a sepa not report as priority claims	ration agreement or divorce that you did		
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts		
Yes	Other. Specify			
Kohls/Capital One	Last 4 digits of account number	8386	\$	551.0
Priority Creditor's Name	. .		*	
Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 4/20/08 Last Active 4/01/10		
Number Street City State Zlp Code	As of the date you file, the claim is	s: Check all that apply		

Debtor	Case 16-06602 Doc 1 Richelle D Ciluffo		ntered 02/26/16 17:22:32 ge 27 of 58 Case number (if know)	Desc Main
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	Ŭ		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unse	cured claim:	
	At least one of the debtors and another		cured claim.	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a not report as priority claims	separation agreement or divorce that you did	
	■ No	☐ Debts to pension or profit-s	sharing plans, and other similar debts	
	Yes	Other. Specify	narge Account	
4.22	Linebarger Goggan Blair & Sampson	Last 4 digits of account num	ber 3744	\$ 2,592.23
	Priority Creditor's Name P.O. Box 06140	When was the debt incurred	?	
	Chicago, IL 60606 Number Street City State Zlp Code	As of the date you file, the cl	laim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	Ü		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unse	cured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	☐ Obligations arising out of a not report as priority claims	separation agreement or divorce that you did	
	■ No	☐ Debts to pension or profit-s	sharing plans, and other similar debts	
	Yes	Other. Specify		
4.23	Midland Funding, LLC	Last 4 digits of account num	ber 6387	\$ 478.98
	Priority Creditor's Name 8875 Aero Drive		Opened 8/01/13 Last	
	Suite 200 San Diego, CA 92123	When was the debt incurred	? Active 12/01/09	
	Number Street City State Zlp Code	As of the date you file, the cl	aim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	Debtor 1 only			
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unse	cured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	- otacin loans		
	Is the claim subject to offset?	☐ Obligations arising out of a not report as priority claims	separation agreement or divorce that you did	
	No	☐ Debts to pension or profit-s	sharing plans, and other similar debts	
	☐ Yes		actoring Company Account First remier Bank	
4.24	Midland Funding, LLC	Last 4 digits of account num	nber 8905	\$ 911.46

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Priority Creditor's Name

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■ No

Is the claim subject to offset?

debt

☐ Yes

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☐ Obligations arising out of a separation agreement or divorce that you did

Debts to pension or profit-sharing plans, and other similar debts

Medical

☐ Student loans

Other. Specify

not report as priority claims

□ At least one of the debtors and another□ Check if this claim is for a community

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Debtor 1 Richelle D Ciluffo Case number (if know) 4.27 3,405.00 Pellettieri 4157 Last 4 digits of account number Priority Creditor's Name 991 Oak Creek Dr When was the debt incurred? Lombard, IL 60148 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.28 Retail Capital, LLC 3909 43,855.68 Last 4 digits of account number \$ Priority Creditor's Name 1250 Kirts Blvd When was the debt incurred? 01/07/2015 Suite 100 Troy, MI 48084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Judgment entered against Debtor Other. Specify 4.29 Synchrony Bank/PayPal Cr 3718 1,009.00 Last 4 digits of account number \$ Priority Creditor's Name Opened 12/01/06 Last Attn: Bankruptcy Po Box 103104 When was the debt incurred? Active 11/03/09

As of the date you file, the claim is: Check all that apply

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Roswell, GA 30076

Number Street City State Zlp Code

Debtor 1	Richelle D Ciluffo	Document	Page 3	3U 01 Cas	OT 58 ase number (if know)	
	Who incurred the debt? Check one.	☐ Contingent	_			
	■ Debtor 1 only	Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY	/ unsecured	claim:	ı:	
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	Obligations arising o		ation ag	agreement or divorce that you did	
	■ No	☐ Debts to pension or	profit-sharing	plans,	s, and other similar debts	
	Yes	Other. Specify	Credit	Card	d	
Part 3:	List Others to Be Notified About a D	ebt That You Already Li	sted			
trying t more tl	to collect from you for a debt you owe to som	neone else, list the original or listed in Parts 1 or 2, list th	creditor in P	arts 1 c	ready listed in Parts 1 or 2. For example, if a collection agency or 2, then list the collection agency here. Similarly, if you hav itors here. If you do not have additional persons to be notified	⁄e
EMP of	Address f Cook County, LLC Owasso Blyd West	On which entry in P Line 4.7 of (Check or	ne):	□ Paı	did you list the original creditor? art 1: Creditors with Priority Unsecured Claims	
	Paul, MN 55117			■ Pai	art 2: Creditors with Nonpriority Unsecured Claims	
		Last 4 digits of acco	ount num	ber	6385	
	Address				did you list the original creditor?	
	remier Bank V 41st Street	Line <u>4.23</u> of (<i>Check</i> of	,		art 1: Creditors with Priority Unsecured Claims	
	Falls, SD 57108				art 2: Creditors with Nonpriority Unsecured Claims	
		Last 4 digits of acco	ount num	ber	3517	
	Address				did you list the original creditor?	
	s Energy Group pper Wacker Drive	Line 4.5 of (Check or	-		art 1: Creditors with Priority Unsecured Claims	
Suite 2	2100			■ Pai	art 2: Creditors with Nonpriority Unsecured Claims	
Chicag	go, IL 60606	Last 4 digits of acco	ount num	ber	5054	
Nama	Addross				did you list the original graditor?	
	Address Ianagement Services, Inc.				did you list the original creditor? art 1: Creditors with Priority Unsecured Claims	
P.O. B	ox 1099	,			art 2: Creditors with Nonpriority Unsecured Claims	
Langn	orne, PA 19047	Last 4 digits of acco	ount num	ber	0026	
Nama	A ddroop				Aid you list the evisional availtes?	
	Address ogy Imaging Consultants, SC	Line 4.10 of (Check of			did you list the original creditor? art 1: Creditors with Priority Unsecured Claims	
75 Ren Dept 13	nittance Drive			■ Pai	art 2: Creditors with Nonpriority Unsecured Claims	
	90, IL 60675					
		Last 4 digits of acco	ount num	ber	COOB	
	Address	On which entry in P	art 1 or P	art2 c	did you list the original creditor?	
	National Bank V 53rd Street	Line <u>4.24</u> of (<i>Check</i> of	•		art 1: Creditors with Priority Unsecured Claims	
	Falls, SD 57106			■ Pai	art 2: Creditors with Nonpriority Unsecured Claims	
		Last 4 digits of acco	ount num	ber	0171	
Part 4:	Add the Amounts for Each Type of L	Insecured Claim				
	he amounts of certain types of unsecured cla ecured claim.	ims. This information is for	statistical r	eportin	ing purposes only. 28 U.S.C. §159. Add the amounts for each	type
or unst	ood od oldiili				Total claim	
Total cla	6a. Domestic support obligation	ns		6a.	a. \$	
from Pa		ts you owe the government		6b.	b. \$	

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Debtor 1 Richelle D Ciluffo

				17,087.24
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total. Add lines 6a through 6d.	6e.	\$	17,087.24
			Total Claim	
6f.	Student loans	6f.	\$	0.00
claims n Part 2 6g.	Obligations arising out of a separation agreement or divorce that you			
iraitz og.	did not report as priority claims	6g.	\$	0.00
6h.	• • •	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	67,770.20
6i.	Total. Add lines 6f through 6i.	6j.	\$	67,770.20

Fill in this information to identify your case: Debtor 1 Richelle D Ciluffo Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Ron Shura
P.O. Box 944
Beecher, IL 60401

State what the contract or lease is for
Lease for Primary Residence

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	Case 10-00002 1	Docume		52720710 17.22.32 f 58	L Desc Main
Fill in this	s information to identify your				
Debtor 1	Richelle D Ciluffo				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	nher				
(if known)					☐ Check if this is an amended filing
Officia	l Form 106H				
	dule H: Your Cod	ebtors			12/15
people are ill it out, a		ally responsible for supposes on the left. Attach	olying correct informat in the Additional Page t	ion. If more space is nee	e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Ye					
	thin the last 8 years, have you na, California, Idaho, Louisiana.				states and territories include
`	. Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	with you. List the person shown creditor on Schedule D (Officia chedule E/F, or Schedule G to
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The credit Check all schedules	tor to whom you owe the debt that apply:
3.1				☐ Schedule D. line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
J.2	Name			□ Schedule E/F, line □ Schedule G, line □ Schedule G, line	·
	Number Street			– Concount O, III le	
	TTAITING! SUITEL				

State

City

ZIP Code

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Fill	in this information to identify you	r case.				1				
	otor 1 Richelle D									
	otor 2									
Uni	ted States Bankruptcy Court for t	the: NORTHERN DISTRIC	CT OF ILLINOIS							
	se number nown)					Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:				
O	fficial Form 106I					MI	M / DD/ \	YYYY		
S	chedule I: Your In	come								12/15
sup spo atta	as complete and accurate as population. If you are separated and you are separated and you a separate sheet to this form 1: Describe Employment	ou are married and not fili our spouse is not filing w n. On the top of any addit	ing jointly, and your ith you, do not inclu	spouse de infor	is li mat	ving with ion about	you, inc your sp	lude info ouse. If n	rmation abou nore space is	it your needed,
١.	information.		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				☐ Employed ☐ Not employed			
	employers.	Occupation	Manager							
	Include part-time, seasonal, or self-employed work.	Employer's name	Salon 22							
	Occupation may include studer or homemaker, if it applies.	nt Employer's address	1334 Main Stree Crete, IL 60417	et						
		How long employed t	here? 5 Years	i			_			
Par	t 2: Give Details About M	Ionthly Income								
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	e space. I	nclude your no	on-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the informatio	n for all	emp	loyers for	that pers	on on the	lines below. It	f you need
						For Deb	tor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	ertime pay.		3.	+\$		0.00	+\$	N/A	-
4	Calculate gross Income Add	Lline 2 + line 3		4	\$		0.00	s	N/Δ	

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Debtor 1		Richelle D Ciluffo		Case r	number (if known)			
				For	Debtor 1	For Deb	tor 2 or	
	Cop	y line 4 here	4.	\$	0.00	\$	N/A	
5.	List	all payroll deductions:						
-	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,057.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c. 8d. 8e.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ \$ \$	0.00 0.00 0.00	\$ \$	N/A N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,057.00	\$	N/A	
10.		•	10. \$	2	2,057.00 + \$	N	/A = \$ 2,	057.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies				a. if it		057.00
13.	Do y	you expect an increase or decrease within the year after you file this form' No.	?				Combined monthly in	
		Yes. Explain:						
		·						

Fill	in this information to identify your case:					
Deb	tor 1 Richelle D Ciluffo			Che	eck if this is:	
Deb	tor 2				An amended filing	wing postpetition chapter
	puse, if filing)					the following date:
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT C		MM / DD / YYYY			
	e number					
(If k	nown)					
O	fficial Form 106J					
S	chedule J: Your Expenses					12/15
Be	as complete and accurate as possible. If two married pormation. If more space is needed, attach another sheet nber (if known). Answer every question.	eople are to this f	e filing together, b orm. On the top o	oth are ed f any addi	qually responsible f tional pages, write	for supplying correct your name and case
Par 1.	t 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate household? ☐ No					
	☐ Yes. Debtor 2 must file Official Form 106J-2, E	xpenses	for Separate House	ehold of De	ebtor 2.	
2.	Do you have dependents? ■ No					
	Do not list Debtor 1		Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					☐ Yes ☐ No
						☐ Yes
					<u> </u>	□ No
						Yes
						□ No
3.	Do your expenses include ■ No					☐ Yes
Э.	expenses of people other than yourself and your dependents?					
Par	t 2: Estimate Your Ongoing Monthly Expenses					
exp	imate your expenses as of your bankruptcy filing date usenses as of a date after the bankruptcy is filed. If this is blicable date.	ınless yo s a suppl	ou are using this for emental <i>Schedule</i>	orm as a s e <i>J</i> , check	supplement in a Ch the box at the top	apter 13 case to report of the form and fill in the
	lude expenses paid for with non-cash government assis					
	value of such assistance and have included it on Sche ficial Form 106I.)	auie i: Y	our income		Your exp	enses
4.	The rental or home ownership expenses for your reside payments and any rent for the ground or lot.	dence. In	clude first mortgag	e 4.	\$	500.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance			4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses			4c.	·	0.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, suc 	h as hon	ne equity loans	4d. 5.		0.00
٠.		45 11011	squity lourio	٥.	Ŧ	0.00

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Debtor	Richelle D Ciluffo	Case num	ber (if known)	
6. Ut	ilities:			
6. 0 0		6a.	\$	236.00
6b		6b.		40.00
6c		6c.	·	300.00
			· -	
6d		6d.	· -	0.00
	od and housekeeping supplies	7.	\$	250.00
_	ildcare and children's education costs	8.	\$	0.00
. Cl	othing, laundry, and dry cleaning	9.	\$	100.00
0. Pe	rsonal care products and services	10.	\$	150.00
1. M e	edical and dental expenses	11.	\$	200.00
2. Tr a	ansportation. Include gas, maintenance, bus or train fare.			
	not include car payments.	12.	\$	120.00
3. E n	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
i. Ch	aritable contributions and religious donations	14.	\$	0.00
	surance.		•	
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.	· -	
_			·	111.00
	d. Other insurance. Specify:	15d.	Φ	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	¢.	0.00
	ecify:	16.	Φ	0.00
	stallment or lease payments:	47.	¢.	2.22
	a. Car payments for Vehicle 1	17a.	· -	0.00
	b. Car payments for Vehicle 2	17b.	· -	0.00
17	c. Other. Specify:	17c.		0.00
17	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as		_	2.22
de	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. 18.	\$	0.00
9. Ot	her payments you make to support others who do not live with you.		\$	0.00
Sp	ecify:	19.		
). O t	her real property expenses not included in lines 4 or 5 of this form or on Sch	nedule I: Y	our Income.	
20	a. Mortgages on other property	20a.	\$	0.00
20	b. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.		0.00
	d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	e. Homeowner's association or condominium dues	20d. 20e.	·	
_			· -	0.00
. Ot	her: Specify:	21.	+\$	0.00
2. C a	Iculate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,057.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.		\$	2,001.00
			:	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,057.00
3. Ca	Iculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,057.00
	b. Copy your monthly expenses from line 22c above.	23b.	·	
23	J. Copy your monthly expenses from line 220 above.	۷۵۵.	-φ	2,057.00
22	c. Subtract your monthly expenses from your monthly income.			
23	The result is your <i>monthly net income</i> .	23c.	\$	0.00
	The result is your monthly net income.			
4. Do	you expect an increase or decrease in your expenses within the year after you	ou file this	s form?	
	example, do you expect to finish paying for your car loan within the year or do you expect your			or decrease because of a
	dification to the terms of your mortgage?	00- F-		
	No.			
	Yes. Explain here:			
	res. Explain nere.			

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Fill in this information to identify your case:					
Debtor 1	Richelle D Ciluffe	 D			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NOT an attorney to	help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
that	er penalty of perjury, I declare that I have read the summary a they are true and correct. /s/ Richelle D Ciluffo	and s	schedules filed with this declaration and
-	Richelle D Ciluffo	^	Signature of Debtor 2
	Signature of Debtor 1		
	Date February 26, 2016		Date

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Fil	l in this in	formation to identify you	ır case:				
De	ebtor 1	Richelle D Ciluft	Middle Name		Last Name		
De	ebtor 2	Filst Name	Middle Name		Last Name		
(Sp	ouse if, filing)	First Name	Middle Name		Last Name		
Un	ited States	Bankruptcy Court for the	NORTHERN DISTRIC	T OF ILL	LINOIS		
Ca	se number						
1	known)						Check if this is an
							amended filing
_							
		Form 107				_	
St	ateme	nt of Financial	Affairs for Indiv	/idual	ls Filing for B	ankruptcy	12/1
						equally responsible for su y additional pages, write ye	
		own). Answer every que		i io iiiis i	iorni. On the top or an	y additional pages, write yo	our name and case
Pa	rt 1: Giv	ve Details About Your Ma	arital Status and Where	You Live	ed Before		
1.	What is y	our current marital state	ue?				
•	_		u3 :				
	☐ Marı						
	■ Not	married					
2.	During th	ne last 3 years, have you	lived anywhere other th	an wher	e you live now?		
	□ No						
	■ Yes	. List all of the places you	lived in the last 3 years. D	o not inc	lude where you live nov	v.	
	Debtor 1	1 Prior Address:	Dates Debto	r 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
	1515 W	Vincennes Street	lived there From-To:		☐ Same as Debtor 1		lived there ☐ Same as Debtor 1
		L 60417	10/2009-10	/2014	Game as Debior 1		From-To:
	42 Sau		From-To:		☐ Same as Debtor 1		☐ Same as Debtor 1
	Park Fo	orest, IL 60466	02/13/2006 13	-10/20			From-To:
	-						
3.	Within th	ne last 8 years, did you e	ver live with a spouse o	r legal ed	quivalent in a commur	nity property state or territo	ry? (Community propert
sta	tes and teri	ritories include Arizona, Ca	alifornia, Idaho, Louisiana,	Nevada,	, New Mexico, Puerto R	ico, Texas, Washington and	Wisconsin.)
	■ No						
	☐ Yes.	. Make sure you fill out Sc	hedule H: Your Codebtors	(Official	Form 106H).		
Pa	rt 2 Ex	plain the Sources of You	ır Income				
		F 					
4.	Fill in the	have any income from entotal amount of income your filing a joint case and you	ou received from all jobs a	nd all bu	sinesses, including part		endar years?
	□ No						
		. Fill in the details.					
	. 30		Dobtor 4			Dobtor 2	
			Debtor 1	0-	ross incomo	Debtor 2 Sources of income	Gross income
			Sources of income Check all that apply.	(be	ross income efore deductions and clusions)	Check all that apply.	Gross income (before deductions and exclusions)

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					Debtor 1					Debtor 2		
					Sources of i		(befo	s income re deductions a sions)	ınd	Sources of inco		Gross income (before deductions and exclusions)
			/1 of currer iled for ban	nt year until kruptcy:	☐ Wages, c bonuses, tips			\$7,477.	.57	☐ Wages, com bonuses, tips	missions,	
					Operating	a business				☐ Operating a I	ousiness	
			dar year: December :	31, 2015)	☐ Wages, c	ommissions,		\$71,514.	.46	☐ Wages, com bonuses, tips	missions,	
					Operating	a business				☐ Operating a I	ousiness	
			dar year bet December :		☐ Wages, c			\$0.	.00	☐ Wages, com bonuses, tips	missions,	
					■ Operating	a business				☐ Operating a I	ousiness	
	gan	each s	and lottery w	rinnings. If yo	u are filing a jo	oint case and y	ou have	income that yo	u recei	ved together, list	it only once	uits; royalties; and under Debtor 1.
					Debtor 1 Sources of in Describe belo		(befo	s income re deductions a sions)	ind	Debtor 2 Sources of inco Describe below.		Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pa	yments You	Made Before	You Filed for	Bankru	otcy				
6.	Are □	eithei No.	Neither De	btor 1 nor D	ebtor 2 has p	arily consume rimarily consi ily, or househo	umer de	bts. Consumer	debts	are defined in 11	U.S.C. § 10	1(8) as "incurred by an
			During the No.	90 days befo	•	bankruptcy, d	id you pa	ay any creditor a	a total o	of \$6,225* or mo	re?	
			☐ Yes	List below e paid that cre not include	each creditor to editor. Do not i payments to a	nclude paymei n attorney for t	nts for do his bank	omestic support ruptcy case.	t obliga		nild support a	he total amount you and alimony. Also, do
	•	Yes.			-	rimarily consi bankruptcy, d			a total o	of \$600 or more?	•	
			□ No.	Go to line 7								
			■ Yes	include pay		estic support o						t creditor. Do not include payments to
	Cre	editor'	s Name and	I Address	D	ates of payme	ent	Total amour		Amount you still owe	Was this p	payment for

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Case number (if known) Document Debtor 1 Richelle D Ciluffo

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
	Ron Shora P.O. Box 944 Beecher, IL 60401	12/01/2015, 01/01/2016, 02/01/2016	\$1,950.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Re ☐ Suppliers ☐ Other R	ard payment s or vendors
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa corporations of which you are an officer, direct including one for a business you operate as a support and alimony.	artners; relatives of any ge tor, person in control, or o	neral partners; partn wner of 20% or more	erships of which yes of their voting se	ou are a gener curities; and a	al partner; ny managing agent,
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		yments or transfer	any property on a	eccount of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment
Pa	rt 4: Identify Legal Actions, Repossession	as and Foreclosures	paid	still owe	Include cred	ntor's name
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ie case
	Retail Capital LLC v Richelle Ciluffo 2014 L 003909	Debt Collection	Circuit Court of Cook County 50 W Washington Street Law Division Chicago, IL 60602		☐ Pending☐ On appeal☐ ConcludedJudgment Entered	
	Lacie Amick vs Richelle Ciluffo 13-005034	Wage Claim/Collection	State of Illinois Labor 160 N LaSalle Suite C-1300 Chicago, IL 60	Street	☐ Pending ☐ On appe ☐ Conclud	eal
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, t	oreclosed, garni	shed, attache	d, seized, or levied?
	□ No■ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happene	d			property

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Document Page 42 of 58 Debtor 1 Richelle D Ciluffo Case number (if known) **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened Wells Fargo bank, N.A. 42 Sauk Trail, Park Forest, IL 60466 Unknown 3476 Stateview Blvd Fort Mill, SC 29715 Property was repossessed. Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was **Amount** taken Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates you more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and Describe any insurance coverage for the loss how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

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Par	t 7: List Certain Payments or Transfers							
16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to an consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.				rty to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any prope transferred	rty	Date payment or transfer was made	Amount o paymen			
	Fish Law Group LLC 309 W Washington Street Suite 700 Chicago, IL 60606	Payment for preparation, review of Chapter 7 case	v, filing	04/17/2015	\$1,500.00			
17.	Within 1 year before you filed for bankruptcy, di promised to help you deal with your creditors o Do not include any payment or transfer that you list	r to make payments to your creditors		r transfer any propei	rty to anyone who			
	Yes. Fill in the details.							
	Person Who Was Paid Address	Description and value of any prope transferred	rty	Date payment or transfer was made	Amount o paymen			
18.	Within 2 years before you filed for bankruptcy, of transferred in the ordinary course of your busin include both outright transfers and transfers made include gifts and transfers that you have already lis No Yes. Fill in the details.	ness or financial affairs? as security (such as the granting of a se						
	Person Who Received Transfer Address	Description and value of property transferred		iny property or received or debts change	Date transfer was made			
	Person's relationship to you		•	J				
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.							
	Name of trust	Description and value of the proper	rty transferre	ed	Date Transfer was made			
Par	t 8: List of Certain Financial Accounts, Instru	ments, Safe Deposit Boxes, and Stora	age Units					
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot houses, pension funds, cooperatives, associati No Yes. Fill in the details.	her financial accounts; certificates of						

Name of Financial Institution and

Address (Number, Street, City, State and ZIP Code)

Last 4 digits of account number Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Case 16-06602 Doc 1 Filed 02/26/16 Entered 02/26/16 17:22:32 Desc Main Document Page 44 of 58 Debtor 1 Richelle D Ciluffo Case number (if known) Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number instrument closed, sold, Address (Number, Street, City, State and ZIP before closing or moved, or transfer transferred XXXX-**Old Plank Trail Community Bank** \$0.00 Checking 700 W Exchange Street □ Savings Crete, IL 60417 ■ Money Market □ Brokerage Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details.

Date of notice

Environmental law, if you

know it

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Debtor 1 Richelle D Ciluffo

25.	25. Have you notified any governmental unit of any release of hazardous material?							
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adı	ministrative proceeding under any envi	ronmental law? Include settlements a	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or	Connections to Any Business						
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have an	y of the following connections to any	business?				
	■ A sole proprietor or self-employed	in a trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	ip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	□ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address	Describe the nature of the business Employer Identification number Do not include Social Security nu		umber or ITIN.				
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed					
	The Spa on Oak	Beauty Salon	EIN:					
	65-67 E Oak Street Chicago, IL 60611	Richelle Ciluffo	From-To 08/2009-10/2013					
	Salon 22 1334 Main Street	Beauty Salon	EIN:					
	Crete, IL 60417	Richelle Ciluffo	From-To 06/2011-Present					
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement t	o anyone about your business? Inclu	de all financial				
	□ No							
	Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
	State of Illinois Department of Labor 160 N LaSalle Street							
	Suite C-1300 Chicago, IL 60601							

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Debtor 1 Richelle D Ciluffo Case number (if known)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Richelle D Ciluffo

Richelle D Ciluffo

Signature of Debtor 2

Signature of Debtor 1

Date February 26, 2016

Date

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:					
First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		OF ILLINOIS			
					Check if this is an
					amended filing
	Richelle D Ciluffo First Name First Name	Richelle D Ciluffo First Name Middle Name First Name Middle Name	Richelle D Ciluffo First Name Middle Name Last Name First Name Middle Name Last Name	Richelle D Ciluffo First Name Middle Name Last Name First Name Middle Name Last Name	Richelle D Ciluffo First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Creditor's	☐ Surrender the property.	□ No
securing debt:		
property	☐ Retain the property and [explain]:	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
name:	Retain the property and redeem it.	
Creditor's	☐ Surrender the property.	□ No
Scouring debt.		
securing debt:	☐ Retain the property and [explain]:	
Description of property	Reaffirmation Agreement.	
Description of	☐ Retain the property and enter into a	☐ Yes
name:	☐ Retain the property and redeem it.	
Creditor's	☐ Surrender the property.	□ No
oodaning door.		
securing debt:	☐ Retain the property and [explain].	
Description of property	Reaffirmation Agreement. Retain the property and [explain]:	
Description of	☐ Retain the property and enter into a	☐ Yes
name:	☐ Retain the property and redeem it.	
Creditor's	☐ Surrender the property.	□ No
,	secures a debt?	as exempt on Schedule C
Identify the creditor and the property that is collateral	What do you intend to do with the property that	Did you claim the property

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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B8 (Form 8) (12/08)			Page 2
1	name:		☐ Retain the property and redeem it.	☐ Yes
I	Description of		☐ Retain the property and enter into a Reaffirmation Agreement.	
	oroperty		☐ Retain the property and [explain]:	
	securing debt:			
Pa	rt 2: List Your l	Unexpired Personal Prope	erty Leases	
			t you listed in Schedule G: Executory Contracts and Unex	
			e leases. Unexpired leases are leases that are still in effect erty lease if the trustee does not assume it. 11 U.S.C. § 365	
			,	
De	scribe your unex	pired personal property le	ases	Will the lease be assumed?
Les	ssor's name:	Ron Shura		□ No
				■ Yes
	scription of leased operty:	Lease for Primary Ro	esidence	
Pa	rt 3: Sign Belov	N		
		jury, I declare that I have i ect to an unexpired lease.	ndicated my intention about any property of my estate that	t secures a debt and any personal
Х	/s/ Richelle D	Ciluffo	X	
	Richelle D Cil	uffo	Signature of Debtor 2	
	Signature of Del	btor 1		
	Date Febru	uary 26, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-06602 Doc 1 Filed 02/26/16 Entered 02/26/16 17:22:32 Desc Main Document Page 53 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e Richelle D Ciluffo		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	NEY FOR DE	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filin be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services	
	For legal services, I have agreed to accept			1,500.00	
	Prior to the filing of this statement I have received		\$	1,500.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	ensation with any other person u	inless they are mem	bers and associates	of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name				law firm. A
5.	In return for the above-disclosed fee, I have agreed to re	nder legal service for all aspects	of the bankruptcy of	case, including:	
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credited d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on how 	ement of affairs and plan which ors and confirmation hearing, an reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hea mption planning	rings thereof;	I filing of
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.	e does not include the following schargeability actions, judic	service: cial lien avoidanc	es, relief from st	ay actions or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	y agreement or arrangement for p	payment to me for re	epresentation of the	debtor(s) in
ı	February 26, 2016	/s/ Darren A. Fish			
	Date	Darren A. Fish 62			
		Signature of Attorney Fish Law Group L			
		309 W Washingto	n St.		
		Suite 700 Chicago, IL 60606	i		
		(773) 327-3474 Find Name of law firm		9	

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United States Bankruptcy Court Northern District of Illinois

		- (
In re	Richelle D Ciluffo		Case No.	
		Debtor(s)	Chapter 7	
	VE	ERIFICATION OF CREDITOR M	MATRIX	
		Number of	f Creditors:	32
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of credi	tors is true and correct to t	the best of my
Date:	February 26, 2016	/s/ Richelle D Ciluffo		

American Financial Cre 10333 N Meridian St Ste Indianapolis, IN 46290

AT&T P.O. Box 10330 Fort Wayne, IN 46851-0330

Cardiovascular Care Associates 3800 203rd Street Suite 209 Olympia Fields, IL 60461

CBCS P.O. Box 2589 Columbus, OH 43216

Cci Contract Callers I Augusta, GA 30901

Cds/Escallate LLC Attn:Bankruptcy 5200 Stoneham Rd Ste 200 North Canton, OH 44720

Citibank / Sears Citicorp Credit Services/Attn: Centraliz Po Box 790040 Saint Louis, MO 63179

CMRE Financial Services, Inc 3075 E. Imperial Highway Suite 200 Brea, CA 92821

Consultants in Pathology, S.C. 8085 Rivers Avenue Suite 100 Charleston, SC 29406

Cortrust Bank Attn: Bankruptcy Po Box 5431 Sioux Falls, SD 57117 Credit One Bank, N.A. P.O. Box 98873 Las Vegas, NV 89193-8873

Department of Treasury - IRS 655 E Millsap Road Fayetteville, AR 72703-4068

Dobrzynski Accounting 1467 Joliet Street Dyer, IN 46311

Dsnb Bloomingdales Macy's Bankruptcy Dept. Po Box 8053 Mason, OH 45040

Dsnb Macys Macys Bankruptcy Department Po Box 8053 Mason, OH 45040

EMP of Cook County, LLC 100 S Owasso Blvd West Saint Paul, MN 55117

First Premier Bank 6701 W 41st Street Sioux Falls, SD 57108

Franciscan Alliance, Inc. P.O. Box 4628 Oak Brook, IL 60522

Greater Suburban Acceptance Corp Po Box 369 Downers Grove, IL 60515

Illinois Department of Revenue P.O. Box 19035 Springfield, IL 62794

Integrys Energy Group 20 N Upper Wacker Drive Suite 2100 Chicago, IL 60606

Jason Berlongieni 31352 S State Line Road Beecher, IL 60401

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Linebarger Goggan Blair & Sampson P.O. Box 06140 Chicago, IL 60606

Midland Funding, LLC 8875 Aero Drive Suite 200 San Diego, CA 92123

Modern Luxury Media - DM Luxury LLC 3464 Momentum Place Chicago, IL 60689

NCB Management Services, Inc. P.O. Box 1099 Langhorne, PA 19047

Pellettieri 991 Oak Creek Dr Lombard, IL 60148

Radiology Imaging Consultants, SC 75 Remittance Drive Dept 1324 Chicago, IL 60675

Retail Capital, LLC 1250 Kirts Blvd Suite 100 Troy, MI 48084 Synchrony Bank/PayPal Cr Attn: Bankruptcy Po Box 103104 Roswell, GA 30076

Target National Bank 3901 W 53rd Street Sioux Falls, SD 57106